

Case Number:	CM15-0168539		
Date Assigned:	11/19/2015	Date of Injury:	03/06/2013
Decision Date:	12/31/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old female, who sustained an industrial injury on 03-06-2013. The injured worker was diagnosed as having right wrist sprain-strain, rule out right carpal tunnel syndrome, left wrist sprain-strain, rule out left carpal tunnel syndrome, headache, other insomnia, anxiety and depression. On medical records dated 06-04-2015 and 07-30-2015, the subjective complaints were noted as bilateral wrist pain, headaches and lots of sleep due to pain, stress and anxiety. Objective findings were noted as decreased range of motion of bilateral wrists and Tinel's sign causes pain bilaterally. No mention of stomach issues were noted. Treatment to date included medication. Current medications were not listed on 07-30-2015. The Utilization Review (UR) was dated 08-18-2015. A Request for Authorization was dated 07-30-2015. The UR submitted for this medical review indicated that the request for urinalysis and Prilosec- Omeprazole delayed release 20mg #60 was non-certified. The urinalysis was requested for confirmation of the prescribed medication. The medication list includes Anaprox, Mobic and Omeprazole. Per the note dated 8/27/15, the patient had complaints of pain in bilateral wrist and difficulty in sleeping, anxiety and stress. Physical examination of the bilateral wrist revealed limited range of motion. The patient sustained the injury due to cumulative trauma. Per the note dated 10/5/15, the patient had complaints of pain in bilateral wrist and difficulty in sleeping, anxiety and depression. Physical examination of the bilateral wrist revealed tenderness on palpation, limited range of motion, diminished sensation and strength. On review of systems, the patient does not have any complaints of the gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 12/02/15) Urine drug testing (UDT).

Decision rationale: Request: Urinalysis. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument". Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. The medication list includes Anaprox, Mobic and Omeprazole. Evidence that the patient is taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Urinalysis is not fully established in this patient.

Prilosec/Omeprazole delayed release 20mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec/Omeprazole delayed release 20mg quantity 60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events.... Patients at high risk for gastrointestinal events....Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records if the patient has GI symptoms with the use of NSAIDs. On review of systems, the patient does not have any complaints of the gastrointestinal tract. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Prilosec/Omeprazole delayed release 20mg quantity 60 is not fully established in this patient.